

SECRET
(When Filled In)

PERSONALITY [] FILE REQUEST				NOTE: Consult the 201 Control System Reference Manual before completing this form. Form must be typed or printed in block letters.			
TO: RID [] Section				DATE 30 SEPT 59		ACTION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE	
FROM: E ² /O/L [] []				ROOM NO. 2211 K		TELEPHONE 4976	
SECTION I							
<input checked="" type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NON-SENSITIVE				SOURCE DOCUMENT			
NAME (Last)		NAME (First)		NAME (Middle)		NAME (Title)	
ERDMANN		FRITZ		GUSTAV		3. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
NAME VARIANT							
1. NAME	(Last)	(First)	(Middle)	(Title)			
A	LOHRMANN	FRITZ					
A	WELLER						
4. PHOTO	5. BIRTH DATE		6. COUNTRY OF BIRTH		7. CITY OR TOWN OF BIRTH		CITIZENSHIP
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22 03 00		GERM		REPPERSDORF		GERMANY
OTHER IDENTIFICATION						8. OTHER IDENT CODE	
OCCUPATION/POSITION						9. OCC/POS CODE	
FORMER AGENT, FIELD, EGER						1. UA 2. 3. IF ZX	
SECTION II							
CRYPTONYM				PSEUDONYM			
SECTION III							
10. COUNTRY OF RESIDENCE		11. PRIMARY DESK INTEREST		12. 2ND COUNTRY			
WGER		EU/GER		13. 1ST FILED AND RECEIVED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTIONS NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2008			
COMMENTS							
PERMANENT CHARGE		RESTRICTED FILE		SIGNATURE			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;"> </div>			

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